

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 010544  
In Re Application of: Brian K. Butler  
Serial Number: 10/010,199  
Filed: 12/4/01  
Examiner: Dipak Kumar Gandhi  
Group Art Unit: 2133RECEIVED  
CENTRAL FAX CENTER  
NOV 29 2004

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	32	32		x \$18 =	\$0
Independent**	9	8	1	x \$86 =	\$86
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$290	\$0
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$420
				<input type="checkbox"/> Three Months	\$950
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$196

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$196. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 11/29/04

Signature:

George C. Pappas, Reg. No. 33,063  
858-651-1306QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Daria Kasmada  
(type or print name)

Date: 11/29/04

## FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: (Signature)  
(type or print name)Signature: (Signature)

(TRANSAMD.VER1.13-07/30/03)

PAGE 221 \* RCVD AT 11/29/2004 6:37:57 PM [Eastern Standard Time] \* SVC:USPTO-EFAXF-1/1 \* DBS:3729306 \* CSID: \* DURATION (min-ss):06-22

Best Available Copy